

#87725
FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED NOV 6 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 34054
Registrar's No. 9326

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. S. Arkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 0

3. (a) PRINT FULL NAME WILLIAM DEFORGE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male (1) 5. Color or race W 6. (a) Single, widowed, married, divorced (1) Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased Feb. 14 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 12 hr. min.

9. Birthplace Canada (City, town, or county) (State or foreign country)

10. Usual occupation O.A.A.

11. Industry or business _____

12. Name Anthony DeForge
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Sova
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Public Administrator Records
(b) Address _____

17. (a) burial (b) Date thereof 10-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway

19. (a) OCT 28 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 106 N. 12th St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th
year 1948 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from 10/2/48
to Oct. 26th, 19 48
that I last saw him alive on Oct. 26th, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Ca of lung
Metastasis

Due to Far Advanced

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature W. G. Laster (M.D. or other) 10/28/48
Address 1515 Lafayette Date signed _____

11-1-7799

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred Frick

Licensed Embalmer No. *3186*

P. O. Address, *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.